L. PLACE OF DEATH a. COUNTY Jackson Lotty (It outside corporate limite, write RURAL and give of the comment o	. Bus 77	B 64			alth of Missou			•	48	54
RETH NO. SEE. DIST. NO. 19 PRIMARY REG., DIST. NO. 10 A PRIMARY REG., DI	HILEU FE	B 21 1949	STANDA	RD CERTIF	ICATE OF DEA	λTH	State			
L. PLACE OF DEATH S. COUNTY Jackson D. CITY (It evideds corporate limits, write RURAL and give township) STATE MO. C. CITY (III evideds corporate limits, write RURAL and give township) TOWN Kansas City G. FULL MIME OF (III out is howelds or leatinglos, give street determs or leveation) INSTITUTION LOCATIO Apt's John D. (First) John D. (Middle) D. (Middle) D. (Middle) D. (First) D. (Middle) D. (Middle) D. (First) D. (Middle) D. (First) D. (Middle) D. (Hind) D. (Middle) D. (Hind) D. (Middle) D. (Hind) D. (Middle) D. (Hind) D. (Middle) D. (Last) D. (ADTE (Morath) (Down) MIDOWERS OR IN. Oct. 2.1, 1886 D. (First) D. (Middle) D. (Hind) D. (Middle) D. (Hind) D. (Middle) D. (Hind) D. (Middle) D. (Hind) D. (Middle) D. (Last) D. (Middle) D. (Hind) D. (Middle) D. (Last) D. (Middle) D. (Hind)	BIRTH NO		_ REG. DIST. N	o. <u>/49</u>	PRIMARY REG. DIST.	ю. <u>/</u> Д	02 Regist			<u>359</u>
a. STATE D. CUNTY Dackson D. CUNTY Jackson C. CINY (II conside components limite, write BURAL and give township) TOWN Kansas City OF FULL NAME OF (If soit in beging or leadifulings, give stored above township) MCRITTUTION LOCATIO Apt's D. (Middly) D. (LOCATIO Apt's D. (Location apt's beaution) D. (Location Apt's D. (Location Apt's D. (Location Apt's D. (Middly) D. (Location Apt's D. (Middly) D. (Location Apt's D. (Middly) D. (Location Apt's D. (Location Apt's D. (Location Apt's D. (Location Apt's D. (Middly) D. (Location Apt's D. (Middly) D. (Location Apt's D. (Location Apt's D. (Middly) D. (Location Apt's D. (Location Ap		TH			2. USUAL RESID					idence befor
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S. SEX S. COLOR OR RACE 7. MARRIED, NEVER MAR			<u></u>	Middle)				(Month)	(Day)	(Vest)
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Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 2 2. I hereby certify that I attended the deceased from 20/48, 19/48, to 23, 19/49, that I last saw the deceased alive on 22, 19/49 and that death occurred at 25 from the causes and on the sage stated above. 3a Manature 11 L.1 am B. 1101 (Degree or Utley) 23b Department 23c. Date stated above. 4a. BURIAL CREMA 24b. DATE 24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (Oity, town, or county) (State) 1-27-149 DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	SUICIDE .	_	home, farm, factory, su	rest, office bldg., etc.)	. –					
OF INJURY D. WHILE AT WORK NOW WHILE AT WORK WORK WORK WORK WORK WORK WORK WORK		(Day) (Year) (Hour) 21e, INJU	JRY OCCURRED	211. HOW DID INJURY	OCCUR?				
2. I hereby certify that I attended the deceased from 28/48, 19/48, to 23, 19/42, that I last saw the deceased alive on 22, 19/49 and that death occurred at 4m., from the causes and on the date stated above. 3. SIGNATURE MILLIAM B. ALLON (Degree or pictor) 23b. DEFENDENCE OF COUNTY (State) 23c. DATE SIGNED (State) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Dity, town, or county) (State) INC. ATE REC'D BY LOCAL REGISTBAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	OF INJURY	,,	WHILEAT	NOTWHILE .	_	,				
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As. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Dity, town, or county) (State) Removal 1-27-149 DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		hal/I allended t	/A . /	<i>,</i>	1967, 10 -	60 000000 0				e accenses
48. BURIAL CREMA- 10N REMOVAL (Boothy) Removal 1-27-19 ADDRESS SIGNATURE ADDRESS LOCATION (Dity, town, or county) Evansville, Ind. ADDRESS	active on	7111180 B				10 0000000	aD, 0	500		TE SIGNED
Removal 1-27-49 Evansville, Ind. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			allen	my	Lausa	260	Eis The	10	1/2	4/49
ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. BURIAL, CREMA	24b. DATE	24c. N/	ME OF CEMETER	Y OR CREMATORY	24d. LOCATIO	ON (Oity, tov	vn, or count	(F)	(State)
ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Removal	' 1- 27-4	9 .			Evansy	rille,	Ind.		
1-7-5-49 Alashing Holmes STINE & MCCLURE KANSAS CITY, MO.	DATE REC'D BY LOCAL			10	1	TOR'S SIG	NATURE	AD		
	1-2 5-49	alles	ldingto	tolmes	STINE & MC	CLURE	K	ANSAS	CITY,	MO.

CONTRACTOR OF STATE O

FEB & A Jan

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.	
Student Student Embalmer	Signed May 6. Meyer. Licensed Embalmer No. #555
Note: The above MUST BE SIGNED BY THE L	P. O. Address / Quesas City, Ma. ICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.